

## COMBINED DECLARATION AND POWER OF ATTORNEY

RIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

#### TYPE OF DECLARATION

This declaration is for an original application.

## INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

#### TITLE OF INVENTION

MANIPULATION OF OBJECTS

## SPECIFICATION IDENTIFICATION

The specification was filed on April 9, 2004, as Serial No. 10/822,133.

## ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

# CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

60/463,496

April 17, 2003

### 

Daniel A. Rosenfeld	·	
Inventor's signature		
Date	Country of Citizenship	United States
Residence New Y	York, NY	
Post Office Address	209 West 13th Street, #1, New York, NY 10011	
	*****	
Joel S. Kollin		
Inventor's signature		
Date	Country of Citizenship	United States
Residence New Y	York, NY	
Post Office Address	P.O. Box 1310, New York, NY 10113	

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Daniel A. Rosenfeld

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11/2/04

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Country of Citizenship United States

Residence

New York, NY

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60/463,496

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#### POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

## APPOINTED PRACTITIONER(S)

**REGISTRATION NUMBER(S)** 

Ansel M. Schwartz

30.587

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

#### SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Ansel M. Schwartz 201 N. Craig Street Suite 304 Pittsburgh, PA 15213 Ansel M. Schwartz 412-621-9222

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

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## 

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Residence New York, NY	-	
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·		
Joel S. Kollin Inventor's signature		
Date 1/2/2004 //	Country of Citizenship	United States
Date 1/2/2004 Residence New York, NY	-	
Post Office Address P.O. Box 1310, New	York, NY 10113	